

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/637,266
Filing Date	12/07/2000
First Named Inventor	Forrest B. Phillips
Art Unit	3764
Examiner Name	J.W. Donnelly
Attorney Docket Number	1877

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

36807

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

36807

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Donald Diamond (Registration No. 18,771)				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Forrest B. Phillips		
Signature	<i>Forrest B. Phillips</i>		
Date	July 14, 2004	Telephone	707-256-3980

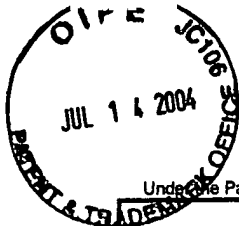
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number

09/637,266

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	385	
TOTAL CLAIMS (37 CFR 1.16(c))	19 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	9 minus 3 =	6
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 385
X \$ =	0
X \$ 43 =	258
+ \$ =	
TOTAL	643

RATE	FEE
	\$
X \$ =	
X \$ =	
+ \$ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 96 Minus ** 20 =	76	
Independent (37 CFR 1.16(b))	* 2 Minus *** 9 =	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ 9 =	684
X \$ =	
+ \$ 145 =	145
TOTAL ADD'L FEE	829

RATE	ADDI- TIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus **		
Independent (37 CFR 1.16(b))	* Minus ***		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus **		
Independent (37 CFR 1.16(b))	* Minus ***		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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